



Florence Police Department Minimum Requirements for Police Officers

Florence Police Officer positions are filled on an as-needed basis. The attached application packet should contain the following:

- Town of Florence General Employment Application
- Arizona Peace Officer Standards & Training Board (AZ POST) Application
- AZ POST Authorization for Release of Information which must notarized
- AZ POST Medical History Questionnaire

You must fill out all forms completely. We realize that some information will be requested more than once. Incomplete or inaccurately completed applications may be rejected.

When returning the application, include copies of the following:

- Birth Certificate
- Diploma or transcript from the highest education level achieved
- Driver's license (Arizona license required at time of hire)
- DD-214 (if applicable)
- Social Security Card

The hiring process may take 12 weeks or more and consists of the following steps (some or all of which may apply)

- Application reviewed for qualifications
- Written test
- Physical agility test
- Oral interview
- Background investigation
- Medical Examination
- Polygraph examination
- Psychological exam/screening
- Drug screening

All portions of the hiring process must be successfully completed before the application is submitted to the Police Chief for final selection and approval process.

Your application will remain active for one year from date of application. It is your responsibility to report an changes in your contact information to Human Resources at (520) 868-7553.

Title of Position for which you are applying	Date of Application	
Last Name	First Name	MI



TOWN OF FLORENCE APPLICATION FOR EMPLOYMENT

Equal Opportunity/Reasonable Accommodation Employer

INSTRUCTIONS

General:

1. **Applications are only accepted for current job openings.** The original signed application must be received by the closing date of recruitment. Answer all questions completely and in detail. Print clearly in dark ink or type.
2. Incomplete or improperly completed applications will result in the application being rejected. Additional information may not be accepted after the close of the filing period.
3. Submit the application and any additional supplements to **Human Resources** at the **Town of Florence, 775 N. Main Street, PO Box 2670, Florence, Arizona 85132**, or fax to **(520) 868-7571**. **Applications are accepted via e-mail in pdf format with original signature to hr@florenceaz.gov.**
4. Be sure to sign the application and any other documentation provided. Work samples, letters of recommendation, and the like may be submitted with the application. Your application and all attachments become the property of the Town of Florence and will not be returned.
5. **Include this instruction sheet when submitting your application.**

Employment:

6. Show complete experience for each position beginning with your present or last position (including military experience) for the last ten (10) years. **Do not state, "See Resume."**
7. **A resume may be attached, but will not be accepted in lieu of completing the entire application.**
8. **Use a separate sheet for continuation if necessary, following the same format as the employment record on the application.**
9. **Complete a separate application for each job that you wish to apply for.** Write the exact job title as specified on the job announcement.
10. **An applicant offered Town employment may be required to take a controlled substance test.** Employment is contingent on passing this test.

Race/Ethnic Disclosure Statement:

The Town of Florence is an Equal Opportunity Employer and does not discriminate in hiring or employment on the basis of race, color, national origin or ancestry, sex, age, religious beliefs, veteran status, disability, or political affiliation.

Please provide the following information to assist in the Town of Florence's commitment to provide equal opportunity employment. This information will **not** be used to discriminate against you in any way.

Please select one (1) Race/Ethnic category from the list below:

- ☐ **American Indian or Alaska Native** (A person descending from any of the original peoples of North America or South America (including Central America) who possesses ¼ degree of documented tribal descendancy or is enrolled with a federally or state recognized tribe, or is recognized by a federally or state recognized tribe as American Indians for state affirmative action purposes).
- ☐ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).
- ☐ **Black or African American** (A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American").
- ☐ **Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin" can be used in addition to "Hispanic or Latino").
- ☐ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).
- ☐ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).
- ☐ **Two or more races**

If you do not wish to designate your race or national origin, please check the following statement.

☐ **I do not wish to designate my race or national origin**



TOWN OF FLORENCE

Application for Employment

Personal Information

Last Name	First Name	Middle Int.	Date
Other name(s) under which you have been employed or attended school			
Home phone number		Business phone number	
Preferred number to be contacted		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If under 18, your age:	
Email address			
Current mailing address			
Street	City	State	Zip
Permanent mailing address (if different from above)			
Street	City	State	Zip
Please list the cities and states you have lived in if the above address does not encompass 7 years.			
City	State	City	State
City	State	City	State
Position desired		Type of employment desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
How were you referred for this position?		Expected Salary	
Date available for employment	Are you authorized to work in this country on an unrestricted basis? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Have you previously applied for employment with the Town of Florence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you related to any Town of Florence employee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, indicate who, relationship, and position: _____			
If you have applied for employment with the Town of Florence, please give date, and position applied for.			
Date	Department	Position applied for	

Education

High School	City	State	Graduate?	Major	Degree
Name			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> GED <input type="checkbox"/> Diploma	N/A
Technical/Vocational School					
Name			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
College or University					
Name			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Graduate School					
Name			<input type="checkbox"/> Yes <input type="checkbox"/> No		



TOWN OF FLORENCE

Application for Employment

List your professional studies, licenses/certifications, memberships, designations or other activities that you feel we should know about when considering your application.*

List your college and post high school honors, distinctions or activities that you feel we should know about when considering your application.*

* You may exclude any organizations or activities which indicate, race, color, religion, sex, sexual orientation, or national origin.

Foreign Languages	Read?	Speak?	Write?
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Computer Language/Tools

Please check software on which you have training or experience:

<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Microsoft Access	<input type="checkbox"/> Internet
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Microsoft PowerPoint	<input type="checkbox"/> Microsoft Outlook
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Driving and Criminal Records

Driving Record

Your driving record will be considered when driving for the Town is a requirement of your position.

Current drivers' license number	State
---------------------------------	-------

Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No If yes, please explain

Criminal Convictions

Criminal Convictions will not necessarily disqualify you from employment.

Have you ever plead guilty, no contest, or been convicted of a crime, excluding minor traffic violations? ☐ Yes ☒ No

If yes, please give details below

Date of Conviction	Court Location	Nature of conviction

Employment History

Current Employer (May we contact for employment verification purposes?) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Name of employer	Business phone	Hire date	Termination date
City	State		
Supervisor name	Supervisor title	Supervisor phone	
Starting position title	Starting position salary	Current position title	Current position salary
Reason for leaving:			
Describe position duties:			



TOWN OF FLORENCE

Application for Employment

Former Employers				
1) Name of employer		Business phone	Hire date	Termination date
City		State		
Supervisor name		Supervisor title		Supervisor phone
Starting position title	Starting position salary	Ending position title	Ending position salary	
Reason for leaving:				
Describe position duties:				
2) Name of employer		Business phone	Hire date	Termination date
City		State		
Supervisor name		Supervisor title		Supervisor phone
Starting position title	Starting position salary	Ending position title	Ending position salary	
Reason for leaving:				
Describe position duties:				
3) Name of employer		Business phone	Hire date	Term date
City		State		
Supervisor name		Supervisor title		Supervisor phone
Starting position title	Starting position salary	Ending position title	Ending position salary	
Reason for leaving:				
Describe position duties:				



TOWN OF FLORENCE

Application for Employment

Explain Interruptions in Employment History (Please use this space to explain any interruptions in your employment history since high school that do not pertain to pregnancy, childcare or disability.)

Personal References

(Please use supervisors, coworkers, instructors who are familiar with your work. Do not list relatives or Town of Florence employees. Do not list people you do not want to be contacted.)

Name	Type of acquaintance	Home Phone	Business Phone
City	State	Employer	Position

Name	Type of acquaintance	Home Phone	Business Phone
City	State	Employer	Position

Name	Type of acquaintance	Home Phone	Business Phone
City	State	Employer	Position



TOWN OF FLORENCE

Application for Employment

Applicant's Certification and Agreement

I certify that the facts set forth in this Employment Application are true and complete. I understand that if I am employed, omissions, false or misleading statements on this application shall be sufficient grounds for dismissal. I understand and agree that if employment is offered to me and I accept employment, my employment may be terminated at any time, with or without cause and with or without notice, by myself or by the Town and that no employee or director has the authority to promise me employment for any specified period of time. I understand that any employment would be governed by the policies and procedures of the Town in effect at that time. In accordance with Proposition 201, Smoke Free Arizona Act (A.R.S. 36-601.01), the Town of Florence is committed to a smoke free workplace to protect the safety of workers and the public. It is the policy of the Town of Florence that smoking is prohibited in all public buildings. All final candidates for employment are subject to submit to and pass a drug test as a condition of employment. The Town of Florence complies with the Legal Arizona Workers Act and participates in the Employment Eligibility Verification process through the Social Security Administration and Department of Homeland Security databases to establish eligibility for employment in the United States.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I hereby consent to and authorize the release of the following information, wherever situated, in connection with my application with the Town of Florence, Arizona.

- 1) All personnel and employment records including, but not limited to, military records, as well as the records of any disciplinary actions and related investigative reports, if any, which are contained therein.
- 2) All court records and criminal history records located in any local, state or federal court or maintained in the files or electronic databases of any local, state or federal law-enforcement agency or information repository.
- 3) All motor vehicle and driver license records maintained in the files or electronic databases of any local, state or federal motor vehicle or driver licensing agency.

WAIVER OF CLAIMS

In consideration of the benefits I may realize from my application for employment with the Town of Florence, I hereby agree to indemnify, hold harmless, release and forever discharge the Town of Florence, its employees, contractors and agents together with any person whomsoever who receives, releases or otherwise provides or communicates information about me pursuant to this authorization from all claims, actions, suits, legal proceedings and liability of any nature whatsoever, whether in law or equity arising from the release of such information or from its use.

Signature of Applicant _____ Date _____

Town of Florence

775 North Main Street

P.O. Box 2670

Florence, Arizona 85132

www.florenceaz.gov

(520) 868-7500 TDD (520) 868-7502

Fax: (520) 868-7571



Arizona Peace Officer Standards and Training Board



STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION

I. TO THE APPLICANT

Certification by the Arizona Peace Officer Standards and Training Board is required by state law, A.R.S. §41-1823.B, prior to a person being authorized to act in the capacity of a peace officer. To be considered for certification under the rules of AZ POST, you must complete this application and **RETURN IT TO THE DEPARTMENT TO WHICH YOU ARE APPLYING**.

II. A FALSE OR MISLEADING STATEMENT ON THIS FORM IS A CRIME UNDER A.R.S. §§ 13-2704, 13-2907.01 AND 39-161 AND IS CAUSE TO DENY OR REVOKE PEACE OFFICER CERTIFICATION.

The existence of any of the following conditions may result in rejection from the selection process. These areas will be explored extensively during a background investigation including a polygraph examination:

- a. Illegal drug use,
- b. Participation in criminal activity or behavior,
- c. Poor driving record,
- d. Dishonesty/providing false information.

III. PUBLIC DISCLOSURE OF INFORMATION

Your Social Security Number is required by A.R.S. §25-320 and is requested for identification and record keeping purposes. **AZ POST does not disclose Social Security Numbers in response to public record requests.**

IV. INSTRUCTIONS

Read every question carefully. Answer every question. If the question does not apply to you, write "DNA" in the answer space. **Do not leave blank answer spaces.** Please print clearly. When using the Continuation Sheet, please note the question number you are referring to. Applications that are incomplete or cannot be read will not be accepted.

V. PEACE OFFICER CODE OF ETHICS

I will exercise self-restraint and be constantly mindful of the welfare of others. I will be exemplary in obeying the laws of the land and loyal to the state of Arizona and my agency and its objectives and regulations. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept secure unless revelation is necessary in the performance of my duty.

I will never take selfish advantage of my position and will not allow my personal feelings, animosities or friendships to influence my actions or decisions. I will exercise the authority of my office to the best of my ability, with courtesy and vigilance, and without favor, malice, ill will, or compromise. I am a servant of the people and I recognize my position as a symbol of public faith. I accept it as a public trust to be held so long as I am true to the law and serve the people of Arizona.

CERTIFICATION:

I hereby certify that I have read the above Code of Ethics and agree to abide by it.

SIGNATURE OF APPLICANT: _____

DATE: _____



Arizona Peace Officer Standards and Training Board



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, **DO HEREBY AUTHORIZE** any and all persons, employers, partnerships, corporations and all civilian and government entities, military agencies, law enforcement agencies, private, and city, county, state and federal entities to release, furnish and exchange any and all available information relating to me for the purpose of determining my suitability to be appointed and certified as a peace officer. This includes, but is not limited to, all information related to my employment, performance, disciplinary history, character, integrity, reputation, conduct, behavior and fitness for duty.

This authorizes release to the **ARIZONA PEACE OFFICER STANDARDS AND TRAINING BOARD** and the (agency) _____
(print agency name). This release is in addition to, and not intended to curtail or diminish the authorization and immunity provided by statute. I **DO HEREBY RELEASE** from any and all liability, all persons or entities disclosing information pursuant to this release.

Signature of Applicant:

Date:

Sworn and Subscribed To Before Me This: _____ Day of _____.

By:

State of:

County of:

Signature of Notary Public:



Arizona Peace Officer Standards and Training Board



STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION

ARIZONA ADMINISTRATIVE CODE R13-4-106: A person who seeks to be appointed shall complete and submit to the appointing agency a personal history statement on a form prescribed by the Board before the start of a background investigation. The history statement shall contain answers to questions that aid in determining whether the person is eligible for certified status as a peace officer. The questions shall concern whether the person meets the minimum requirements for appointment, has engaged in conduct or a pattern of conduct that would jeopardize the public trust in the law enforcement profession and is of good moral character.

INSTRUCTIONS: Print or type all answers. Read every question carefully and answer every question. If the question does not apply to you, print or type "DNA" in that answer block. **DO NOT LEAVE BLANK SPACES.** Incomplete or unsigned statements cannot be processed. If additional space is required, use the Continuation Sheet. Also, use this sheet to expound or explain your answer. All information provided is subject to verification. Information on this form may constitute a "public record or other matter" requiring public disclosure under Arizona's Public Records Law, A.R.S. §39-121 *et seq.*

1. Name (Last, First, Middle):			
2. Address:		3. City:	4. State/Zip Code:
5. Date of Birth (Month/Day/Year):	6. Place of Birth (City, State):	7. Social Security Number:	
8. List here any other names, DOB's or SSN's you have used:			
9. Current Marital Status:		10. Spouse's Name Before Marriage:	
11. Home Telephone Number:	12. Work Telephone Number:	13. Cell/Mobile Number:	
14. Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> Please attach a copy of Birth Certificate or other verification of citizenship.			
15. Do you have (Check One) <input type="checkbox"/> G.E.D. Certificate <input type="checkbox"/> High School Diploma Please attach a copy of one of the above.		16. When and where did you receive it?	
17. MILITARY SERVICE: YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, attach the MEMBER 4 copy of the DD 214 and continue with this section. If NO skip to #18.			
Branch of Service: _____		Date Entered: _____	Date Separated: _____
Honorable Discharge: YES <input type="checkbox"/> NO <input type="checkbox"/> _____		Were you ever arrested, cited or apprehended by military police? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, explain on the Continuation Sheet.	
If NO list type of discharge/separation and explain on the Continuation Sheet.			
Are you currently a member of a U.S. Reserve or National Guard Unit? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, list current assignment:		Were you ever the subject of a report or investigation by military police or other investigative service (i.e., CID, NIS, OSI)? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, explain on the Continuation Sheet.	
Did you ever receive a court martial or non-judicial punishment for a violation of the Uniform Code of Military Justice (UCMJ)? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES explain on the Continuation Sheet.			
AGENCY VERIFICATION:		INITIALS:	DATE:
U.S. Citizen (Documentation in File)			High School Diploma/GED (Documentation in File)
21 Years of Age			Military Service if applicable (Documentation in File)

18. PERSONAL REFERENCES: List at least three people who have known you for over one year, excluding relatives or former employers, who can answer questions concerning your past conduct and character as it applies to your meeting the minimum standards for appointment.

Name	Street Address, City, State, Zip Code	Home Telephone No.	Work Telephone No.	Years Known

19. EXCLUDING FAMILY MEMBERS, LIST ALL PERSONS YOU HAVE LIVED WITH DURING THE PAST FIVE YEARS.
Use the Continuation Sheet if necessary.

Name	Street Address, City, State, Zip Code	Home Telephone No.	Relationship

20. FAMILY REFERENCES: List all immediate relatives, (i.e., parents, siblings, spouse, ex-spouse(s) and all children). Use the Continuation Sheet if necessary.

Name	Relationship	Age	Street Address, City, State, Zip code	Telephone No.

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Personal References Contacted and Results Documented		Residences and Family References Listed	

21. EMPLOYMENT HISTORY: Show all employment beginning with most recent employer. Use the Continuation Sheet if necessary.

Dates of Employment		Name and Address of Employer (Street, City, State)	Supervisor's Name and Phone Number	Job Title/Duties	Reason for Leaving
From	To				

22. LIST ALL COLLEGES OR UNIVERSITIES YOU HAVE ATTENDED (Beginning with the most recent):

School	Dates Attended	Course of Study	Degree Received or Total Credit Hours

23. RESIDENCES: List all residences during the past five years. Use the Continuation Sheet if necessary.

From	To	Street Address	City	State/County

AGENCY VERIFICATION:

INITIALS:

DATE:

INITIALS:

Employment Verified and Results Documented

Certificates or Degrees, Documentation in File

Residences Verified and Results Documented in File

24. POLICE CONTACTS: List all incidents in which you were cited, arrested, accused or charged with a crime other than traffic violations. Include incidents that occurred as a juvenile, any that were expunged, set aside, dismissed, referred to pre-trial diversion or pardoned. Provide a full explanation on the Continuation Sheet.

Date	Location	Police Agency	Original Charge	Disposition/Court Action

25. CIVIL ACTIONS List all civil actions in which you were a party, (i.e., divorces, bankruptcy, small claims court, lawsuits etc.):

Date	Location	Action or Proceeding	Disposition/Court Action

26. CURRENT DRIVER'S LICENSE

State: _____ Expiration Date: _____

Current Drivers License Number: _____

27. PREVIOUS DRIVER'S LICENSE INFORMATION

List all states/countries where you have been licensed:

28. Have you ever had your Driver's License revoked or suspended? YES ☐ NO ☐ If YES, provide a full explanation on the Continuation Sheet.

29. MOTOR VEHICLE OPERATION: List all moving violations for which you were cited. Use the Continuation Sheet if necessary:

Date	Location and Issuing Agency	Violation Charged	Collision Related	Court Disposition
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	

AGENCY VERIFICATION:

INITIALS:

DATE:

INITIALS:

Police Contacts Queried and Results Documented in Files

Civil Actions Queried and Results Documented in Files

Motor Vehicle Records Queried and Results Documented in File

30. ILLEGAL/NON-MEDICAL USE OF OR CRIMINAL INVOLVEMENT WITH DRUGS/CONTROLLED SUBSTANCES:

In this section, disclose all illegal drug use (or criminal involvement) that was not for the purpose of treating or alleviating the symptoms of a medical condition.
Drug use for medical purposes will be disclosed in a different portion of the application process.

TYPE OF DRUG	HAVE YOU EVER SOLD, SMUGGLED OR TRANSPORTED FOR SALE OR PERSONAL GAIN?	HAVE YOU EVER USED, TRIED OR EXPERIMENTED WITH?	IF YES HOW MANY TIMES?	HOW MANY TIMES AFTER AGE 21?	DATE FIRST USED	DATE LAST USED
MARIJUANA	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
COCAINE/CRACK	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
METHAMPHETAMINE/SPEED	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
HEROIN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
OPIUM	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
MORPHINE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
LSD/ACID	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
PEYOTE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
MESCALINE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
HASHISH	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
STEROIDS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
ANY OTHER ILLEGAL DRUG OR NARCOTIC	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
ILLEGAL USE OF PRESCRIPTION DRUGS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				

31. IF YOU ANSWERED YES ON ANY OF THE AREAS IN QUESTION #30, PROVIDE A FULL EXPLANATION ON THE CONTINUATION SHEET. INCLUDE, IF APPLICABLE, THE FOLLOWING:

- | | |
|---|--|
| a. How the drug was ingested or consumed, | d. How the drug was obtained, |
| b. The duration of usage, | e. Why you stopped using the drug, |
| c. The motivation for use, | f. Any other factors you believe are relevant. |

32. CRIMINAL CONDUCT:

- | | |
|--|--|
| a. Have you ever <u>committed</u> a felony or an offense which would be a felony if committed in this state? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
- If Yes to either 32a or 32b, provide a full explanation on the Continuation Sheet.

33. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted or shows a policy of advocating the commission of force or violence to deny other persons their rights under the Constitution of the United States of America or the state of Arizona, or which seeks to alter the form of government of the United States of America by unconstitutional means?

YES ☐ NO ☐

If YES provide a full explanation on the Continuation Sheet.

34. Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly, to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance habits, employment, education, subversive activities, family, associations or traffic violations?

YES ☐ NO ☐

If YES provide a full explanation on the Continuation Sheet.

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Applicant Meets Drug Standards/Does Not Meet Standards Yes <input type="checkbox"/> No <input type="checkbox"/>		ACIC/ACCH Checked	
Criminal History Check Completed and Documentation in File		NCIC/III Checked	

35. Do you have prior peace officer certification/employment in Arizona or any other state(s)? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If YES provide the following information:	Dates of Employment		City	State
Name of Agency	From	To		
a. If prior Arizona certified, attach verification of most current AZ POST continuing and proficiency training and firearms qualifications.				
b. Has your peace officer certification been revoked, suspended, canceled or denied for any reason? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES provide a full explanation on the Continuation Sheet.				
c. Have you, while on duty as a peace officer and without authorization, used or been under the influence of spirituous liquor? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES provide a full explanation on the Continuation Sheet.				
d. Have you received discipline for any improper conduct as a peace officer. If YES provide a full explanation on the Continuation Sheet. Discipline: Letter of reprimand/counseling, suspension, termination or demotion. YES <input type="checkbox"/> NO <input type="checkbox"/>				
36. Have you applied with any other law enforcement agencies in the past three years? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If YES provide the following information:	Date of Application		Was Polygraph taken?	
Name of Agency			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
37. CERTIFICATION: I hereby certify under penalty of law that the entries on this statement and the attached Continuation Sheet are true, complete and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that a false or misleading statement on this form constitutes a violation of the law and is cause to deny, suspend or revoke peace officer certification.				
SIGNATURE OF APPLICANT: _____			DATE: _____	
AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:	
Previous Agencies Applied To Queried and Results Documented		Certification History Verified and Results Documented in File		
Training and Firearms Requirements Documentation in File		Valid Certification Verified and Documentation in File		
Improper Conduct Researched and Documentation in File		Fingerprint Card Submitted - AZ DPS		
Signature and Date Completed		Fingerprint Card Submitted - FBI		

AGENCY VERIFICATION OF APPLICANTS QUALIFICATIONS AND DOCUMENTATION

Page 1	Code of Ethics read, signed and dated.	(Please initial)	
Page 2	Authorization for Release of Information fully completed and notarized.		
Page 3	Agency Verification completed and results documented in file.		
Page 4	Agency Verification completed and results documented in file.		
Page 5	Agency Verification completed and results documented in file.		
Page 6	Agency Verification completed and results documented in file.		
Page 7	Agency Verification completed and results documented in file.		
Page 8	Agency Verification completed and results documented in file.		
Applicant meets minimum qualifications and documentation is complete and in file.			
Applicant does not meet minimum qualifications.		Application Process Terminated	
Reason for Disqualification:			
Medical Examination completed and in file and applicant meets standards.			
Medical Examination completed and in file and applicant does not meet standards.			
ME and MH forms properly completed and in file.			
F.B.I./D.P.S. record checks completed and in file and no record found.			
F.B.I./D.P.S. record checks completed and in file and reflects arrest record.			
F.B.I./D.P.S. Fingerprint check has been submitted, no return yet.			
NCIC/III/ACIC/ACCH records check completed and in file and no record found.			
NCIC/III/ACIC/ACCH records check completed and in file and record found.			
Polygraph completed and report in file and applicant passed.			
Polygraph completed and report in file and applicant failed.			
Applicant meets all requirements and may be employed.			
Applicant does not meet all requirements.		Application Process Terminated	
Reason for Disqualification:			
AGENCY CERTIFICATION:			
<p>I hereby certify that I have reviewed this application for completeness and the required documentation in accordance with R13-4-106(C)(7) and hereby attest that this person meets minimum qualifications for appointment, has not engaged in conduct or a pattern of conduct that would jeopardize public trust in the law enforcement profession, is of good moral character and have completed this report to document that finding.</p>			
<p>NAME OF REVIEWER: _____ TITLE: _____</p> <p style="text-align: center;">(Printed)</p>			
<p>SIGNATURE OF REVIEWER: _____ DATE: _____</p>			



Arizona Peace Officer Standards and Training Board



MEDICAL HISTORY QUESTIONNAIRE

TO THE APPLICANT: Peace officers are required to perform a variety of strenuous and difficult job functions, including those described in the attached job description for entry level Arizona peace officer. A medical examination, including this form, is required by the Arizona Peace Officer Standards And Training Board prior to appointment as a peace officer. This is to ensure that each applicant is able to safely perform these essential job functions. Complete this form prior to your scheduled physical examination and present it to the examining physician at the time of the examination.

NAME: _____
First Middle Last

ADDRESS: _____
Numbers and Street Name City State Zip Code

DATE OF BIRTH: _____ **AGE:** _____ **CURRENT OCCUPATION:** _____
Month/Day/Year

HIRING AGENCY: _____

SECTION A. Have you ever or do you now have any of the following? For "YES" answers, supply full details in Section B on the reverse side of this form. If the condition required hospitalization, check the corresponding box marked under the title "HOSPITAL".

CONDITION	YES	NO	HOSPITAL	CONDITION	YES	NO	HOSPITAL
1. Head injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Skin trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Back trouble or back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Any complications from childhood diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Any defects of bones or joints (including amputations, broken bones or dislocations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Sensitivity to dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Pernicious anemia or leukemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Other allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Rheumatism or arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Cancer or malignancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Trick or locked knee/knee injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Tumor, growth or cyst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Foot trouble or lameness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Eye injury, surgery, or disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever worn glasses/contact lens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Heart trouble (including circulatory problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Hard of hearing or hearing problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. High or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Mental illness or nervous disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Diabetes or sugar in urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Addiction to drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Collitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Fainting, dizzy spells, or epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Gall bladder trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Hepatitis, jaundice, or liver ailment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Kidney or bladder trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Disorder of the nervous system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Hemorrhoids or piles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Tuberculosis or lung disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Rupture or hernia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Shortness of breath or asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Any type of blood disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Any contagious disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Any immune system disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Print Applicant Name: _____

SECTION A.

Continued

Answer the following questions. If the answer is "YES", list the question number, the nature and date(s) in Section B.

QUESTION	YES	NO
41. Have you ever had or been advised to have an operation?	<input type="checkbox"/>	<input type="checkbox"/>
42. Have you ever been a patient (committed or voluntary) in a mental hospital?	<input type="checkbox"/>	<input type="checkbox"/>
43. Have you ever had any other illness, injury, or physical condition not named on this form other than childhood diseases or minor illnesses?	<input type="checkbox"/>	<input type="checkbox"/>
44. Are you presently under a doctor's care for any condition?	<input type="checkbox"/>	<input type="checkbox"/>
45. Have you taken any medication during the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
46. Do you have any physical or emotional limitations?	<input type="checkbox"/>	<input type="checkbox"/>
47. Do you smoke? If "YES", place the number of packs per day in the following blank: ____	<input type="checkbox"/>	<input type="checkbox"/>
48. Do you drink? If "YES", place the number of drinks per week in the following blank: ____	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICIANS CONSULTED: (For any of the questions answered "YES", identify the question number and physician below.)

DATE	ITEM	PHYSICIAN	Telephone # (Include area code)	ADDRESS (street, city, state, zip code)

I hereby authorize the above listed physician(s) to release any and all medical information to the hiring agency, Arizona POST, its staff or designated representatives.

Signature of Applicant (Sign in Ink)

Date

SECTION B.

Write your own account and explain any items marked "YES" in this questionnaire; identify the question number, include diagnosis, date of onset, and your present condition.

ITEM	DETAILS (If necessary, continue on separate sheet of paper)

PENALTY: Any falsification, withholding or failure to answer all questions completely and accurately may cause forfeiture of eligibility.

CERTIFICATION: I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to the questions, and that all statements and answers are true and correct to the best of my knowledge and belief. I further agree to take any future physical examinations the hiring agency or Arizona POST may deem necessary.

Signature of Applicant (Sign in Ink)

Date